AN ADDRESS

DELIVERED AT ST. GEORGE'S HOSPITAL,

ON THE

OPENING OF THE NEW PHYSIOLOGICAL LABORATORY,

18TH MAY, 1887.

BY

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1887.

TO THE

GOVERNORS OF ST. GEORGE'S HOSPITAL,

AND TO

MY FORMER COLLEAGUES

AND PUPILS,

IN GRATEFUL RECOLLECTION

OF

MANY KINDNESSES RECEIVED, MANY FRIENDSHIPS SECURED,

AND

MANY PLEASANT AND INSTRUCTIVE HOURS PASSED

AMONGST THEM,

This Lecture is dedicated.

ADDRESS.

Gentlemen,—In compliance with the kindly expressed wishes of your teachers, among whom are some of my late and much esteemed colleagues, I appear once more in an official capacity, in this theatre—an old familiar spot—from whence we formerly discoursed with those who sat as pupils here. Nor is it without some feelings of satisfaction that, whatever may have been the deficiencies of the lecturer, I am content to think they have been condoned by the friendships it has been my privilege and happiness to secure, among the many who in past years listened to me.

We meet here to day to inaugurate the opening of our new rooms for the teaching of physiology, and for the pursuit of physiological research. These rooms have been especially built, and provided with all that is requisite, for the study and investigation of this great and important part of your student work ; and it is my object, as it is my sincere desire, to endeavour to place before you, for your encouragement I trust, the many advantages such an addition to your school offers to those who come here to work, who *will* work, and who, to succeed in life, *must* work.

In this work you will be assisted and superintended by your able teacher Dr. Delépine. He has kindly favoured me with the following notes, which are so much more to the point than anything I could say on the subject, that with your permission I will read them to you.

"With anatomy, physiology forms the natural basis of

medical studies. Both describe the body in a state of health. Unless the state of health be clearly understood, it is impossible to master disease.

"For a long number of years physiological facts have been taught under the form of a number of dogmas; and the student remained very often ignorant of the methods, even of the simplest nature, which were used for the purpose of discovering or demonstrating facts. Hence most of these facts, and the theories derived therefrom, were received on the authority of the various discoverers of facts, or propounders of discoveries. This system resulted very often in erroneous teaching, the authority of a name being often taken as equivalent to actual demonstration. It is impossible for a man to learn in six or even twelve months all the phenomena which can take place in a man perfectly healthy, or at any rate, in a practically physiological state. Hence when beginning to practise, a man will often be exposed to come in the presence of phenomena new to him, and yet not certainly indicative of health or disease. If such a man has not been taught the way to work out for himself some of the most elementary problems of physiology he will find himself perplexed, and exposed to have to refer constantly to some higher authority than himself; or assume a knowledge which he has not.

"It is to protect the practitioner against these emergencies that the new system of teaching has been introduced in medical science, and especially in physiology. Practical physiological teaching includes the teaching of all the methods which are used in the investigation of the various functions of the body. It therefore includes *chemistry,* as applied to the study of the composition of tissues and secretions; *histology,* which although a branch of anatomy, is generally connected with physiology; *experimental physiology,* in which the use of various instruments for recording vital phenomena is taught.

"Physiological chemistry has been carefully taught in the School for many years. Histology also has not been

neglected. But from want of place and apparatus, experimental physiology was left somewhat behind. The object of the new building is to provide a more convenient class room for the teaching of practical physiological chemistry and histology, and a laboratory where experiments can be carried out as far as possible, vivisection being carefully avoided; the chief object of these experiments being the demonstration of facts which have a practical bearing on the practice of medicine. The laboratory is to be provided with the most important instruments and apparatus. The Committee have already voted a sum of £100, to which Mr. Dent has lately added £50, which money has been spent in that direction. More will certainly have to be done, but it will have to be done gradually. The School Committee, however, have determined that everything that is necessary shall be done.

"The new class room is to be opened to the students, in the same way as the dissecting room, so that men anxious to work by themselves, between lecture hours, will be able to do so. Each place is fitted with all that is necessary for that kind of work—water, gas, reagents, chemical and microscopical, and the usual apparatus. Any man with a certain amount of industry can thus work out for himself all the questions which a student may have to investigate. This kind of independent work is very often more profitable than class work, but a great number of demonstrations will be given both in summer and winter by the lecturer and demonstrator. One of the great difficulties of teaching at the present time," adds Dr. Delépine, "is due to the transitional state of examination arrangements, and to the number of examinations."

I trust the day is not far distant when this latter evil will be removed. The one, and the one only certificate, which I should desire to see established for admission to examination would be "competence," and one examination alone, however exhaustive, should be the test of that "competence."

It is fifty years, within a few months since I entered this hospital as a pupil. If age, and some personal knowledge of the practical work within its walls, would justify the position I to-day occupy, I may be said to possess those qualifications. I had at first thought of saying "advantages," but though experience may be an advantage under most circumstances, I confess to ignorance when I am asked what are the advantages of age? Beyond that it perhaps enables us to understand why youth's aspirations are not always realised in after-life—but more rightly perhaps should teach us to look with some degree of consideration and leniency on the errors or failures of those who have passed on in life with us; or better still, offers more opportunity to render a helping hand to those who from a variety of circumstances may have been less fortunate than ourselves, but who nevertheless require it, and deserve it.

I cannot but feel honoured and gratified to think that the pupil of 1837 should be considered worthy of the distinguished position I hold to-day, not, however, without feelings of humble gratitude that my life has been so long spared, and thus have beon prolonged the opportunities of usefulness to our fellow-men. But in undertaking this duty I felt I was only partly discharging a debt of gratitude to the old loved school of St. George's, to which I owe I might almost say, all the success experienced in a long professional career. I, however, found a difficulty at once present itself, viz. what should I say to you to interest or to be of use?

It is not easy to find new ground to travel over on the oft-trodden subjects which are usually examined in any address that relates to the study of medicine; but it occurred to me that I might, with some satisfaction, bring to your notice a few of the advantages you possess now, which were far from within our reach when first I walked the wards as pupil here.

In 1837 the hospital contained 300 beds. Some twenty

years ago the south wing was extended, and although accommodation for some thirty more beds was secured, in consequence partly of the crowded state of the old wards, and partly on account of the conversion of the old Hudson Ward into the present offices of the Secretary, the number of beds was not increased, but the patients occupying them were more healthily lodged. The wards were then but ill ventilated. The water-closets and slop-sinks were all within the building, not outside the main walls as they now are, and sewer gas therefore could freely circulate throughout the whole space of each ward. The nurses dined in their own separate rooms and cooked their own dinners when they could find time to do so. The assistant nurses scrubbed the floors, attended to the general cleanliness of the wards, and, as well as they could, to the necessities of the patients. They dined in the wards, how, where, and when time and circumstances allowed. You know all this is happily changed for the better, but not without cost to the hospital in money; which we must all agree is money well spent. A resident apothecary and his assistant supervised the medical wards during the intervals of the physician's visits. They also superintended the dispensary, and the general supply of medicine to the in- and out-patients. The dispensing was carried out by the assistant apothecary, a dispenser, and any pupils or apprentices (as they were then termed) whom the apothecary had the opportunity, as he had the privilege, to secure. On the surgical side there were two house surgeons, who were alone selected from among the surgeon's perpetual pupils. This privilege was solely to be acquired by the payment of a fee of fifty guineas, when we entered to the surgical practice, independent of all other fees. On appointment as house surgeon, £50 was paid to the hospital for the twelve months' board. To each surgeon, as at present, was attached a dresser, who held office for three months, and who also paid £3 for his board during his three accident weeks, when, as now, he was expected to remain within the hospital during the whole day. With

the contributions of two house surgeons, and the dressers during the year, the hospital received the annual payment of £150. This has been changed, and the Governors have remitted that payment, it may be truly said, for the benefit of the School.

There was not at the time I am speaking of any accommodation for teaching chemistry within our walls. We, as students, had to make our way three times a week at nine o'clock in the morning during the cold winter months, to the Royal Institution in Albemarle Street, to attend the lectures delivered by Brande and Faraday on chemistry and electricity. The anatomical teaching and dissections were carried on in a building in Kinnerton Street, at the back of Wilton Place, so that after the early lecture in Albemarle Street we had to hasten to Kinnerton Street for the demonstration in anatomy, at half-past ten. Many, and often wet, cold walks did this arrangement entail on the students, and many a lost hour was the consequence, to say nothing of the evil arising from such daily interference with work. Improvements are usually found to come by degrees. Mr. Brande ceased to lecture on chemistry, and the course, as delivered by him for many years, was abandoned on his resignation. A laboratory was then fitted up in Kinnerton Street, and there, in Dr. Noad, we found a most excellent and successful lecturer and teacher of general and practical chemistry.

The hospital work was much as it is now, but the surgical lectures were for many years delivered at eight o'clock at night during the winter months, and naturally broke much into our evening time for reading and other work.

Such, gentlemen, is the general outline of work a pupil had to go through in my younger days. Need I expatiate on the advantages you now possess over what we had to contend with? I *must* ask you to listen to me a little longer, for I wish not only to satisfy you of them, but seriously to impress upon you, if I can, the importance of

these advantages,—advantages which not only attach to the teaching in your lecture rooms, but to the improved clinical work in the hospital wards, and to the facilities offered to you to acquire a thoroughly good practical knowledge of your profession. Why? In order that I may do my best to convince you of *the duty you owe to yourselves, to us, but especially to those who sent you here,* and by whom, in your childhood, you were lovingly taught "to learn and labour truly to get your own living, and to do your duty in that state of life" to which you might be called.

But I have more to tell. Before the Duke of Westminster opened up Grosvenor Crescent into Grosvenor Place, Tattersall's stables and yard ran behind the hospital garden, and when these buildings were removed, the Duke was considerate and liberal enough to offer the Governors of the hospital a site for the erection of the museum, and these other buildings which now form our School. Some objections were at first raised to the establishment of a dissecting room in the midst of the fashionable atmosphere of Belgravia, but with much consideration on the part of the Duke, and judicious concessions on our part, these objections were overcome, and you know what the accommodation is; without it the School would have been sadly hampered, and worked at a great disadvantage.

I take this opportunity to allude to the very great obligation the Medical School, as also the Governors of St. George's Hospital, are under to His Grace the Duke of Westminster for this liberal gift, which enabled us to provide this accommodation, though at a considerable pecuniary sacrifice on his part. I think it but right to thus publicly refer to his generosity, and also to the great interest he has always evinced in the welfare of our hospital.

I must also refer to another Governor of the hospital to whom the School owes much. I allude to Mr. Charles Hawkins. He was Treasurer to the hospital for some years, and in his official capacity of Treasurer he afforded

the School great assistance and support, and we have much to thank him for.

Since then additions have been made to this building, the last being these new physiological laboratories and work rooms, which are now ready for your use. I sincerely hope this will be the commencement of the education of many who will distinguish themselves hereafter, and serve to maintain the reputation of that School in which Hunter, Baillie, Brodie, and Cæsar Hawkins taught, and at which the immortal Jenner studied, and, possibly, imbibed those principles of research which led to his grand and beneficent work—the recognition of vaccination as a protection against the ravages of smallpox. What a grand discovery was this! One of the greatest for the good of mankind that has come within our knowledge. We may well feel gratified to belong to the School which is honoured by the name of one so distinguished. There are many points in Jenner's work and life from which you may take example, and, more, encouragement. Diligently search the field of disease, and most surely something will reward you as the result of your labour and investigations.

I have spoken of how much we are indebted to His Grace the Duke of Westminster. I have also told you that we owe a great deal to Mr. Charles Hawkins for the help he gave us in the construction and erection of these school buildings. I must also acknowledge how much is due to the Governors of the hospital generally, not to omit our present Treasurer, Col. Haygarth, for their uniform consideration towards the interests of the School, and their readiness to listen to any reasonable request brought to their notice on its behalf, or that relates to the interests of the pupils.

But I should not be doing justice to my own feelings, and in this, I think, I echo the sentiments of my former colleagues and your present teachers, were I not to mention that in the executive carrying out of this scheme, and in the successful results of these arrangements, no

small credit is due to the tact, good sense, and general management of your Dean, Dr. Wadham. His active interest in the School, and his personal supervision of all its details, I feel sure his colleagues will thank me for thus publicly acknowledging. We must all regret that his official connection as physician to the hospital will soon cease, but I venture to hope some means may be considered by which his services may still be secured to the School. I mention this with due deference, as an old Treasurer of the School. One so well tried, and one whose whole heart has been in his work, with perhaps more time hereafter to give to that work, may be of more material use than at present may have occurred to those who will have to consider this question.

Now, gentlemen, I trust I have succeeded in stating clearly some of the advantages you possess over those who entered here in former days. But I have more to tell. After the Governors of the hospital decided to remit the future payment of fees by the house surgeons and dressers, and the surgeons consented to reduce substantially the fees of their perpetual pupils, and thus throw open the appointment of house surgeon to a greater number, there came another change. The offices of resident apothecary and assistant apothecary were abolished, and two resident house physicians were appointed, without fee, and under similar regulations as applied to the house surgeons, so that the advantages of clinical study and practical experience were thus further extended to pupils who entered here. A resident salaried obstetric assistant was appointed, and paid medical and surgical registrars.

Are we to stop here? I hope not. The Governors of St. George's Hospital, who have always cordially supported us in carrying out the objects of the Medical School with a conviction, I venture to say, that whatever benefits the School will add reputation to the hospital, will be ready to listen to any reasonable proposal to improve in any way the general medical arrangements

provided they are satisfied that such proposals will in any degree provide better supervision and treatment as far as the patients are concerned. I venture to hope, and I am glad to thus ventilate my opinion and wishes, that we may be able before long to provide for the accommodation of four house surgeons and four house physicians. Such appointments afford the best opportunities of clinical study and clinical instruction to which we can possibly turn our attention, and are of inestimable value, not only to the pupils who may obtain them, but to all who hereafter come under the care of those who have held these appointments, and so we may be truly said to extend benefits not only to the patients within our walls, but to hundreds, if not thousands, who may hereafter be treated by our well-instructed pupils. I believe and hope this suggested alteration will alone depend on the question of accommodation. With our increasing prosperity I trust it will be in our power before long to secure that accommodation and effectually carry out the scheme.

One more point I beg to refer to as an important element and aid in clinical experience. I allude to the advantages offered by the local workhouse infirmaries, if they can be made available for clinical work. I have already suggested elsewhere their affiliation with district hospital schools. The appointment under the resident medical officers of these infirmaries of two junior residents, similar in position and duties to our house physicians and house surgeons, would be a great help to the senior resident officer and advantage to the patients, and a great professional benefit to those who were appointed to act under the permanent medical officer. We might thus have the privilege to appoint every six months a distinguished and deserving pupil to hold office for twelve months, and thus afford him the opportunity to become familiar with many diseases seldom met with in hospital practice, but which frequently come under the notice of the private practitioner, and present much that calls for

his consideration, skill, and treatment, in his after daily life.

Need I point out to you how many other advantages are now offered to help you in study, in hospital work, and in general preparation for that which may enable you to successfully practise your profession? The stethoscope was just coming into use when I entered here. The microscope had hardly been used. Since then we have had the clinical thermometer, the laryngoscope, the ophthalmoscope, more accurate tests for ascertaining the characters of the urine, the subcutaneous syringe, the employment of anæsthetics. All these have come to our aid, and have in a measure enabled us to decide often as to the nature of a malady, and to adjust our treatment with more confidence in many affections which formerly were treated by measures simply because they may have been considered successful in some similar case, or were adopted as a matter of experiment. With all these modern advantages the study of medicine, that is to say, the study of disease and its treatment by medicine, is carried out with a satisfaction and confidence which, comparatively speaking, makes matters more plain and smooth to the student, whereas the path was formerly ill-lighted, rugged, and rough. Your work should be truly throughout a source of pleasure, backed by the conscientious feeling that only one result can be the consequence, and that that consequence is the good of mankind! Still, with all the disadvantages former workers laboured under we need not, I think, be ashamed of work done by those who have gone before us. And if they have achieved success, surely, with the advantages before you, you have no excuse for failure!

But, you may reply, so much has been done, so many improvements have been introduced in modern times, in both medicine and surgery, that we have not room to advance much further. Gentlemen, should it be the lot of some junior present this day, ere Macaulay's "New Zealander" stands on the ruined arch of London Bridge,

to have to recount the progress of medicine and surgery during the next fifty years, I feel pretty confident he will be able to point out to his listeners as many improvements and as much advance made in the art of healing as to equal the outcome of good done since I entered here.

Can we, however, with all the advantages that have come to us in the past fifty years, look back with perfect satisfaction to the advance which medicine and surgery have made? I think I may with satisfaction reply in the affirmative—decidedly, Yes. As a surgeon, I trust I may not be considered to exaggerate when I mention that I think the advance has been greater in surgery than in medicine. But there has been a sure and satisfactory advance in both.

Is there not, however, much left to be done? I think I may with still greater force reply again in the affirmative —*Yes, most decidedly,* and as a surgeon I fear I must confess, without hesitation, as much in surgery as in medicine. Do you doubt it? Let me ask you what do you know about cancer? Has medicine or surgery suggested anything really efficient in its treatment? Are we not as ignorant of its cause, and unsuccessful in the prevention or eradication of a cancer, as were our forefathers in ages long past? Have we arrived at any satisfactory conclusion as to its origin, or of its capricious nature, than did the more ancient investigators or writers on this dread disease? We detect it to be a cell growth, but we know as yet, of nothing to check the propagation of that cell, or arrest its cruel progress. We extirpate it when within reach of knife or cautery, but nothing that we at present know of will deter or moderate its recurrence. We are equally ignorant as to when, where, or in what aspect it will again appear.

I need not dwell on the amount of suffering, or the amount of mortality consequent on cancer, but I ask you, is it not a vast and important field for future work? I have long thought, I still think, and still more hope, it

may fall to the lot of some worker in this field of investigation to wipe out this black spot in medicine, and that some successful treatment may be discovered by which you may be able to contend against the ravages of this dire disease, or by treatment to stay its progress when once detected.

I cannot exaggerate the importance of the subject. All of you know I could not if I would. So important is it, that a life's study may well be devoted to it, and some ample reward will be surely attached to such a study. The ultimate object may not early be attained, still no worker need despair in the undertaking of such an investigation. It is not in mortals to command success, but each worker should surely endeavour to deserve it.

If we repeat our question as regards medicine, Is there not much to be done?—my answer would be, Only pass through the wards of the hospital, and tell me how much does medicine do for those lying sick in bed? How much is there not for the energetic pupil and worker to turn his attention to and investigate? Take up what subject you like for investigation, you will find it will most surely repay abundantly your time and attention. You will find your reward not only in the inward satisfaction of good work done; but nothing more surely leads in our profession to early well-earned fame, and its subsequent material reward, as when a man honestly distinguishes himself in any line of investigation.

Is there nothing else to turn your inquiries to? What do we know of enteric fever, scarlet fever, or measles? Cholera, yellow fever, or dysentery? Why should "tubercle" be written in the sweet child's face, long ere the active symptoms of hectic and phthisis develop themselves in after years? Do you limit the period of typhoid, or cut short the duration of the rash in measles by treatment? Do you effect much in the first outbursts of cholera? We hear of the *cure* of diseases. *What do you cure?* Does medicine *cure* any disease, however skilfully prescribed? I doubt it. Prescribe for a case of typhoid,

make the tongue clean in two or three days from its commencement; prevent the ulceration of the bowel; bring down the temperature and the pulse in forty-eight hours by your medicines, and exhibit the patient sitting up and eating with appetite in a few days as the happy result of drugs administered, then you may claim to have cured typhoid fever. But if we fail to cure any disease, what, you may well ask, is the value of treatment? Let me answer you partly by relating an anecdote. I was discussing this question, many years ago, with the late Dr. Latham, one of the physicians of St. Bartholomew's Hospital, well known and much esteemed in his day, and to whose writings you may refer with advantage and pleasure, for they afford instructive and pleasant reading. "My dear friend," he said to me, "in nine *disorders* out of ten —*not diseases*—if your patient will lie in bed and drink warm water he will *recover*—he is not *cured*." But he rightly added, "It is not, however, everyone who can *afford* to lie in bed and drink warm water, therefore the skilled physician is in demand,—by his judicious administration of medicine he hastens the *recovery*, does not *cure* the complaint, of the patient; he curtails the period of bed, and economises the consumption of warm water."

How can you best learn to prescribe that which will benefit your patient who prefers your advice to that of lying in bed and drinking warm water? It is for this end you came here. It is to enable you to attain this end—to attain it effectually and successfully—that this School has been made what it is. All the elementary necessaries are here taught within this compact building—all the practical applications of those elements are to be observed in the adjacent wards. But, gentlemen, no amount of elementary instruction—no amount of practical teaching—no amount of clinical discourse, will avail you aught, unless you put your whole heart in the work. Chemistry, physiology, anatomy, lectures on medicine and surgery, are as of nothing if you neglect the bedside work, and, equally important—if you do not follow the

disease to its end—if you do not verify for yourselves, in the post-mortem room, what mischief and what havoc disease does and can produce, if you do not ascertain for yourselves how much you may learn from the dead as from the living! The dead-house examination tells you if you were right in your diagnosis and in your treatment. If wrong in both, it tells you often, and more often than not, how to avoid a future mistake, not unfrequently may suggest a more suitable treatment than that you had adopted. You should learn by your own personal observation and examination what *is disease* in all its varieties. A thorough knowledge of pathology is the only sound and safe foundation on which to build success in future practice. The microscope will tell you much in the examination of minute structures, diseased as well as healthy, but, believe me, the post-mortem room is the field in which you should work if you wish to become familiar with the mysteries of disease and the various causes of death. There is no more satisfactory study, or more interesting,—you have here alone to deal with facts, and facts which tell you the importance of being accurate in your conclusions, as in your treatment. I cannot too strongly urge upon you the importance of all this in your pupil life, for many may not hereafter havo much time to spare to redeem lost opportunities, if you neglect to take advantage of them while you are here as students. Remember, it is not only a duty to yourselves to observe and note the effects of disease in the wards, and the causes of death in the post-mortem examination, but I hold it is an equally important duty to the public generally, especially to the members of every family who may hereafter place themselves under your care as your patients. What has not the study of pathology done for the benefit of mankind, and this through the hard work and devotion of many who have given themselves to its general and minute investigation? Take the work of Hunter, Baillie, Brodie, Bright, Addison, and many others too numerous to name here. Has not their fame chiefly

rested on the results of their investigation of disease, not alone in the living, but in the dead? Hunter's operation for the relief of popliteal aneurism was the outcome of his investigation of disease; Brodie's elucidation of abscess of bone was the result of his careful investigation of diseased parts, so also was it the foundation of that still standard work on diseases of the joints. Would Bright have immortalised his name had he treated with indifference, as many before him had done, the careful examination of diseased kidneys? Would Addison have left behind him a reputation for the discovery of that disease, so well known now by his name, had it not been for his careful pathological research? If, therefore, you are to be successful practitioners—and it is for that object, I presume, you came here to study—if you are to be successful in the treatment of disease, or successful in making a reputation for yourselves, believe me the pathological work of your time here, as well as your after-life work, is of quite as much importance as your bedside work. Clinical teaching would be a delusion and a snare were pathological work dissociated from it, so I pray you, if you wish to succeed in life, if you wish to practise your profession with satisfaction to yourselves and benefit to those who may trust their lives to your hands, make the best of your time while here, and lose no opportunity of looking for yourselves for those pathological changes which you may study, if not daily, certainly several times in the week, in the adjoining post-mortem room. You have no excuse to urge that you cannot make yourselves familiar with all that is known in modern pathology. You not only may witness the examinations in the dead-house, conducted by competent men, ready to give you all information you may need or seek, but you have the advantage of being able to refer to the accurately recorded examinations in the post-mortem books. You have the advantage of the pathological laboratory, where your able teacher will demonstrate to you the microscopical character of certain forms of diseased structure, and your library

affords you reference to the 'Transactions' of the Pathological Society, a mine of wealth for reference such as, I believe, no other country can equal. It was my good fortune to superintend the post-mortem examinations here for many years. I look back to that period of work and instruction as of the greatest benefit to me throughout my professional life. I may truly say that almost daily one learnt something new.

I fear I may have been tedious in what I have thus told you. I could say much more did time permit; but let me say a few words to those who may sit in this lecture room for the last time before entering into practice. You may have worked hard, and done your work well; but remember that you enter into the responsibilities of practice with little more than theoretic knowledge, and perhaps little aware of the anxieties of responsibility. If you can gain true practical experience by undertaking some appointment in which the share of responsibility is somewhat divided, a few years thus passed will well prepare you for your future private work. If such cannot be, and you have to enter into practice without delay, let me just give you a useful hint, which will serve you through life, as much as it may serve you in the treatment of your first case. My hint is, "Take nothing for granted;" satisfy yourself by personal examination, and act not upon supposition, then the nature of the malady and half the difficulty of treatment is overcome. Had Hunter taken anything for granted in his work as a surgeon, would he have been led to tie the femoral artery for the relief of popliteal aneurism? When advocating this treatment he was much opposed by his colleague Bromfield, and also by Pott, who both took it for granted that the artery above would be in such a state of disease that amputation of the limb was the only alternative; but Hunter did not take things for granted. Read what he says and take your lesson from it. "If the artery cannot be tied above the aneurism in the operation, where," he asked, "can it be tied if the limb be amputated? Why not

tie it higher up in the sound parts where it is tied in amputation, and preserve the limb ?"* He did so, and you all know and appreciate the results. If you have not already made yourselves familiar with Hunter's writings, you cannot do better than at once occupy your leisure hours in carefully studying them.

I cannot enter into particulars, but so often are important points overlooked from neglect and want of careful examination, that I feel sure you will appreciate the importance of this caution when you have to deal with the difficulties of practice. Need I add also that not a little success depends on the general conduct and character of the medical attendant? And be ever assured that kind and gentle manners will always carry the prize in the race, when two of equal talent run together. The old adage, "Honey will always attract more flies than vinegar," is as applicable to members of our profession as it is to every other occupation in life; but in our profession the honey should be supplementary to experience and knowledge.

Gentlemen, though I have mentioned that it is some fifty years since I entered here as pupil, I must not conclude without reference to that fifty years which apply to the life of one of far greater importance, not only as regards this hospital but also as regards this great country. For fifty years Her Majesty the Queen has reigned over us with singular success, in having acquired the love and admiration of her subjects. For fifty years the Queen has graciously permitted her name to be placed at the head of our list of Governors, as President of this hospital. It is only right and proper that I should ask you to join us in hearty and loyal wishes that Her Majesty's life may be long spared to this country.

I wish, however, particularly to point out to you as members of the medical profession how deeply we should appreciate, and how gratefully we should acknowledge, Her Majesty's uniform kindness, consideration, and true friend-

* Vol. i, p. 548.

ship towards those members of our profession who have had the honour to serve the Queen. When Her Majesty's faithful servant, Mr. Wm. White Cooper, who had attended the Queen for many years as oculist, lay on a sick bed, Her Majesty drove over from Windsor to his cottage at Fulmer, and sat by his bedside for some short time, and evinced the greatest interest in his convalescence. Nothing could have been more kind and considerate. Such kind and considerate sympathy in such an illness most surely must have produced a salutary effect in the convalescence of the patient.

At the funeral of the late lamented Dr. Wilson Fox, Her Majesty requested Dr. Russell Reynolds to represent her, and forwarded to him, to be laid on the coffin, a wreath of flowers and sweet bay leaves—to which a card was attached with the following words in the handwriting of the Queen, "A mark of sincere regard and esteem from Victoria R." Truly, gratefully and with reverence may we all join in the prayer of the nation and say, from our hearts, God save the Queen!

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